

FILED NOV 4 1948

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

4063

1. PLACE OF DEATH:

(a) County JACKSON
 (b) City or town KANSAS CITY
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3835 BALTIMORE AVENUE 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 37 YEARS
 (Specify whether
 In this community 37 YEARS
 years, months or days)

3. (a) PRINT FULL NAME MRS. IDA C. PIERCE

3. (b) If veteran, name war No
 3. (c) Social Security No. None

4. Sex FEMALE 5. Color or race WHITE
 6. (a) 2 divorced WIDOWED
 6. (b) Name of husband or wife MR. JOSEPH PIERCE
 6. (c) Age of husband or wife if alive — years
 7. Birth date of deceased MAY 15 1958
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
90 4 21 hr. min.

9. Birthplace DANVILLE ILLINOIS
 (City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE11. Industry or business AT HOME12. Name BENJAMIN CUMMINGS

13. Birthplace UNKNOWN KENTUCKY
 (City, town, or county) (State or foreign country)

14. Maiden name CECELIA PARRISH

15. Birthplace UNKNOWN KENTUCKY
 (City, town, or county) (State or foreign country)

16. (a) Informant Eulala Morris(b) Address 3835 Baltimore

17. (a) REMOVAL (b) Date thereof OCT-6-1948
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CAMP POINT, ILLINOIS18. (a) Signature of funeral director R. W. Newcomer's Sign(b) Address 1401 Brush Creek Blvd

19. (a) 10-6-48 (b) Geraldine Holmes
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON
 (c) City or town KANSAS CITY
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3835 BALTIMORE AVENUE
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 6TH
 year 1948 hour 12 minute 15 A.M.

21. I hereby certify that I attended the deceased from April 14 1946
Oct 5 1948
 that I last saw her alive on Aug 9 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic heart disease Duration 2+40

Due to Generalized Arteriosclerosis Years ++

Due to Generalized Arteriosclerosis Years ++

Other conditions Benign Anemia 2 yrs +
 (Include pregnancy within 3 months of death)
Chronic Arteriosclerosis 1 1/2 yrs +

Major findings: 93%
 Of operations.

Of autopsy 93%
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work Yes (Specify type of place) _____
 (e) Means of injury Wm. H.

23. Signature W. H. Goodson, Jr. (M. D. or other)
 Address Kansas City, Mo Date signed 10/6/48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Jess T. Deuss

Licensed Embalmer No. *445-3*

P. O. Address. *Kansas City*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.